

**Exhibit P
Medical File
Notes dated June 13, 2006**

NOTES

NAME: Martinez, Antonio SS# [REDACTED]

DOB: [REDACTED] AGE: 48 SEX: M RACE: HI

DRUG ALLERGIES: P TETNUS: _____

NATURE OF PROBLEM OR REQUEST: Follow-up from Dr. Hillyer
[REDACTED]
[REDACTED]

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

06/13/06 Lee County Detention Center Antonio Martinez #593038095
 This 48 YO Hispanic male saw Dr. Hillyer at the Orthopedic Clinic on 06/07/06. He thought that the fourth and fifth finger fractures were healing. He put him in a posterior splint for protection. He suggested continuation of Motrin. He has him in physical therapy and will follow him up.

Physical Exam: The posterior splint is held on by an Ace bandage. His fingers are not fully extended.

Impression: Fracture fourth and fifth fingers.

Plan: We will put him on Naprosyn 500 mg b.i.d. #30. Follow up with Dr. Hillyer. Recheck by us at anytime needed.

PLAN:

*Physical therapy 500 mg BID + 30
 for by Dr. Hillyer.*

REFER TO: PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE [Signature] TITLE MD DATE 6-13-06 TIME 0724

JOHN H McFARLAND MD

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